



Building Permit Application

BUILDING DIVISION
4800 S 188th St
SeaTac, WA 98188
206-973-4750

PERMIT # BLD _____

Project Address:	Parcel #:
Applicant: Address:	Phone:
Contact Person:	Phone:
Owner: Address:	Phone:
Tenant:	Phone:
Contractor: City Business Lic. #: State Contractor Lic. #:	Phone:
Architect/Designer: Address:	Phone:
Lender Or Mortgage Company: Address:	Phone:
Description of Work: 	
Value of Work: \$	Served By: <input type="checkbox"/> Public Sewer <input type="checkbox"/> Septic System
Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Noise Remedy <input type="checkbox"/> Repair <input type="checkbox"/> Demo <input type="checkbox"/> Moved House <input type="checkbox"/> Manufactured Home	
Type of Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Multi-family <input type="checkbox"/> Single-family Dwelling <input type="checkbox"/> Duplex <input type="checkbox"/> Other _____	
Noise Zone: <input type="checkbox"/> Standard Insulation <input type="checkbox"/> Neighborhood Reinforcement <input type="checkbox"/> Acquisition Area <input type="checkbox"/> None	
Type of Structure: <input type="checkbox"/> Building <input type="checkbox"/> Residential Garage <input type="checkbox"/> Carport <input type="checkbox"/> Shed <input type="checkbox"/> Pool <input type="checkbox"/> Fence <input type="checkbox"/> Deck <input type="checkbox"/> Roof <input type="checkbox"/> Outbuilding <input type="checkbox"/> Modular House <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Factory Assembled Structure <input type="checkbox"/> Tower <input type="checkbox"/> Other _____	
Type of Business: <input type="checkbox"/> None <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Repair Garage <input type="checkbox"/> Manufacturing *Disregard if Residential <input type="checkbox"/> Education <input type="checkbox"/> Professional Services <input type="checkbox"/> Day Care <input type="checkbox"/> Adult Family Home <input type="checkbox"/> Food Service <input type="checkbox"/> Government <input type="checkbox"/> Transportation <input type="checkbox"/> Other _____	

I certify that I am the ☐ Owner ☐ Contractor ☐ Owner's Agent

Applicant Signature: _____ Date: _____

Printed Name: _____